

No. J 2351		Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. WEST IDAHO ANESTHESIA LLP JOHN KERFOOT 5534 ELKRIDGE CT FRUITLAND ID 83619		JOHN R KERFOOT 5534 ELKRIDGE CT FRUITLAND ID 83619	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PARTNER	JOHN R KERFOOT	5534 ELKRIDGE CT	FRUITLAND	ID	83619
PARTNER	SHAD B WESTOVER	5534 ELKRIDGE CT	FRUITLAND	ID	83619
5. Organized Under the Laws of: ID J 2351		6. Annual Report must be signed.* Signature: john r kerfoot Name (type or print): john r kerfoot Date: 02/26/2016 Title: partner			
Processed 02/26/2016		* Electronically provided signatures are accepted as original signatures.			